Meeting Attendees	
Name	Organization
Mitzi Cardenas (Co-Chair)	Truman Medical Center
Doug Young (Co-Chair)	MO IT Services Division
Divyakumar Arulsamy	Infocrossing
James Begin	Golden Valley
Brian Bernskoetter	Sandlot
Jim Bettendorf	Gateway, EDI, LLC
Dave Cheli	Gateway, EDI, LLC
Joyce Crawford	OA – ITSD
Kevin Cross	SSMHC
Amy De Wein	Senior Care Pharmacist
Ron Fitzwater	Missouri Pharmacy Association
Teresa Gerard	Blue Cross Blue Shield of Kansas City
Jim Glatz	AT&T
Heather Grefrath	Department of Mental Health
Randy Groce	Lewis and Clark Information Exchange
Phil Hartman	Jefferson City Medical
Nancy Hoffman	Department of Health and Senior Services
Pam Jodock	Anthem
Jessica Land	Patek & Associates
Scott Manses	Department of Mental Health
Denni McColm	Citizens Memorial Helathcare
Paul Monda	Missouri Department of Health and Senior Services
Ebrahim Moshiri	Object Computing, Inc.
E. Rachel Mutrux	Missouri Telehealth Network
Julie Nguyen	St. Louis University
Drew Oestreich	Pharmacy Agent Corporation
Mike Paasch	SSM Health Care – St. Louis
Paula Peters	ITSD – Department of Health and Senior Services
Theresa Rogers	Missouri Hospital Association
Stephanie Rose	Washington University – St. Louis
Brian Roy	Availity, LLC
Jeff Schmitz	Object Computing, Inc.
Steve Shireman	eFlshAntSea eFlshAntSea
Christian Tadrus	Missouri Pharmacy Association
Steve Totten	Object Computing, Inc.
Mary Travis	Salem Memorial District Hospital
Larry VanGers	AT&T
James Weldon	St. Louis University
Susan Wilson	Missouri Primary Care Association
Staff	
George L. Oesterich	Department of Social Services
Diana Jones	Department of Social Services
Beth McQuaide	Department of Social Services
Tim Andrews	Manatt Health Solutions
Bill Bernstein (by phone)	Manatt Health Solutions
Melinda Dutton	Manatt Health Solutions
Kier Wallis	Manatt Health Solutions

Next Meeting

Wednesday, January 13, 2010, 11:30 am – 2:30 pm CT Location TBD

The Technical Infrastructure Workgroup will meet bi-weekly. In-person attendance is strongly recommended.

Action Items

Please contact Workgroup staff (contact information below) with questions about the Workgroup framework, process, or timeline

- Provide feedback and comments by January 4th to kwallis@manatt.com
- Workgroup staff will share Notice of Proposed Rulemaking (NPRM) around meaningful use when published.
- Review initial environmental scan completed for the Project Application and provide feedback and additional information to kwallis@manatt.com
 - Project application is accessible at http://dss.mo.gov/hie/action/index.shtml; see Project Narrative
 - Please contact Workgroup staff with additional information about public and private sector assets that may be leveraged for purposes of statewide health information exchange (HIE).
- > Review draft Strategic Plan content prior to the next meeting
 - Workgroup members will be notified via email when draft Strategic Plan content is posted for review.
- Workgroup participants to send suggestions of additional stakeholders to <u>ckrebs@primaris.org</u>.

Content Reviewed

available

online at

- Stakeholder feedback
- Workgroup process
- > Draft outline for Strategic Plan
- Materials are > Strawdog approach
 - Separation of governance and technology
 - State and regional approaches
 - HIE services stack
 - Services architecture
 - Questions that must be answered to inform the Strategic and Operational Plans
 - Other state examples of statewide services

Key Commentary & Discussion

- The Strategic Plan will ideally detail a set of principles, processes, and patterns to support statewide HIE; implementation of the principles, processes, and patterns is reserved for discussion in the Operational Plan.
 - The Strategic Plan must also address coordination with relevant programs and parallel grant opportunities such as the Regional Center (RC) or Beacon Community.

Strawdog Approach - Discussion

- Separation of governance and technology
 - Governance is important at many levels community, regional, state, and national.
 - Virtually every regional HIE today is a governance and technology implementation body, enabling the exchange of information.
 - A statewide health information organization (HIO) may be established for governance purposes that will subsequently contract with a vendor(s) to

deliver technical services.

- The contracting process must follow state statute and the procurement process.
- o For purposes of the Strategic Plan, the Workgroup agreed that separation of governance and technology is desirable; the implementation of this principle will be further detailed in the Operational Plan.

> State and Regional Approaches – Either/Or or And/Both?

- The creation of a statewide HIO does not preclude the existence or relevance of regional HIOs.
- A statewide HIO does not imply a State government HIO; for purposes of the current project, the focus is on a statewide HIO.
- To realize the principle "No provider left behind" there must be a statewide approach; the statewide HIO should be charged with providing connectivity and HIE services to those providers not connected to regional initiatives. There are a set of trade offs relative to state and regional delivery models.
 - o In New York, the state is divided into regions to deliberately cover every provider in the state.
- Regional activity is possible with a statewide HIO; the Workgroup must address if this situation is preferable.
 - The hybrid model may be preferable if the state is providing HIE services for providers not addressed by regional initiatives.
- How would a statewide HIO exercise authority over regional initiatives?
 Potential levers the statewide HIO may utilize include:
 - Contracts/contractual relationships
 - Access to state data
 - Regulations
- The Workgroup agreed that while it is too early to agree upon a preferable model, the solution must be inclusive and leverage existing public and private sector investments.
- o For the purposes of HIE, provider organizations would like to make one connection (fewer connections as opposed to many connections).
- o The Workgroup agreed that the solution should be flexible enough to enable connectivity with other states.
- Ensure that we build something that will allow us to connect with other states and adhere to federal standards.
- The Workgroup requested that external state leaders visit the Workgroup to provide insight into their decision-making process and final model of choice.

HIE Services Stack

- Do we want to have a provider-centric service or a consumer-centric service? We are required to address both providers and consumers.
- o The Business and Technical Operations Workgroup is addressing the prioritization of HIE services; the Workgroup agreed to prioritize clinical and public health services. The Technical Infrastructure Workgroup agreed with the prioritization of clinical and public health services.
- A statewide HIO would set standards and principles for services.

> Services Architecture

- The statewide HIO may create standards and protocol, but its standards should be compatible with national and federal standards and protocols
- o Most vendors are starting to be compliant with these protocols.

What Questions Must be Answered? Discussion

- Participation in the Nationwide Health Information Network (NHIN) will be addressed in the Strategic Plan
 - o Participation in the NHIN is a priority for metropolitan and border providers
 - The Missouri Telehealth Network is planning to connect to the NHIN and may be a source of NHIN connectivity.
 - o The statewide HIO should provide an enabling framework to encourage NHIN participation. There may ultimately be multiple paths to the NHIN.
- > The Workgroup agreed that existing public and private assets and investments should be leveraged
- > The governance process should be an ongoing forum to oversee activity.

Examples of other states' provision of HIE services – Discussion

- ➤ The New York eHealth Collaborative (NYeC) serves as a statewide governance HIO. There are common protocols and standards in place that contracted vendors must comply with. Regional initiatives have the ability to select a technology provider that meets NYeC specifications and requirements. This model minimizes the data integration efforts among providers.
- > Tennessee created a new public-private partnership to oversee governance and generate policy; the organization is considering conditioning sharing of data and resources with regional initiatives through contractual relationships.

Key Decisions

- For purposes of the Strategic Plan, the Workgroup agreed that separation of governance and technology is desirable; the implementation of this principle will be further detailed in the Operational Plan.
- > The Workgroup agreed that while it is too early to agree upon a preferable model, the solution must be inclusive and leverage existing public and private sector investments.
- > The Workgroup agreed that the solution should be flexible enough to enable connectivity with other states.
- > The Technical Infrastructure Workgroup agreed with Business and Operation Workgroup's prioritization of clinical and public health services.
- > The Workgroup agreed that existing public and private assets and investments should be leveraged
- > The Workgroup reached broad consensus around many of the "easier questions" presented; the Workgroup would like to drive toward a common protocol layer and service oriented architecture.

Next Meeting

- Review and provide feedback on draft Strategic Plan content to be shared in advance of the meeting.
- > Continue discussion of HIE strawdog and proposed questions.

Workgroup Staff Contact Information

- ➤ George L. Oesterich George.L.Oestreich@dss.mo.gov
- Diana Jones H.Diana.Jones@dss.mo.gov
- > Beth McQuaide beth.mcquaide@dss.mo.gov
- > Bill Bernstein wbernstein@manatt.com
- > Tim Andrews tandrews@hiahpine.com
- > Melinda Dutton- mdutton@manatt.com
- Kier Wallis kwallis@manatt.com